

# **BILLING & DENIAL RESOLUTION TUTORING LAB**

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MAY 7, 2026



- Reminders & Announcements
- SAPC-PCNX Guide to Reports Updates
- FY 25-26 End of Year
- FY 26-27 Rates Matrix
- Updated billing guidance (OHC/Primary replacement claims)
- SAPC Financial Eligibility Change Report
- Tutoring Session Topic
  - Medi-Medi
- Agency Questions
- Open Q&A

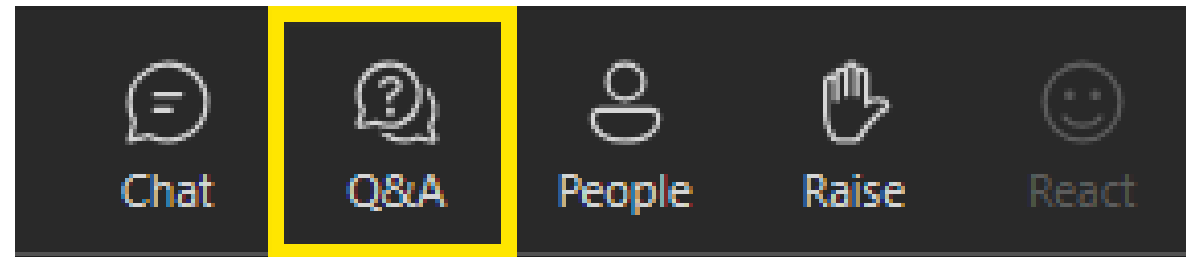
# **REMINDERS & ANNOUNCEMENTS**

# REMINDERS

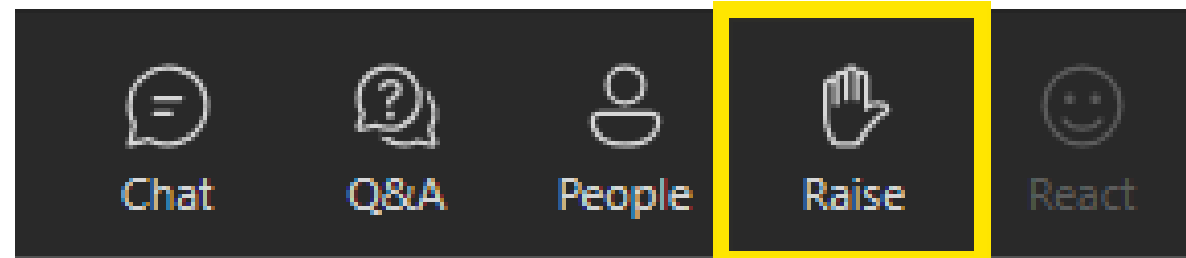
# Q&A REMINDER

- As a reminder, to ask questions during this lab, please use one the following:

- Q&A Button

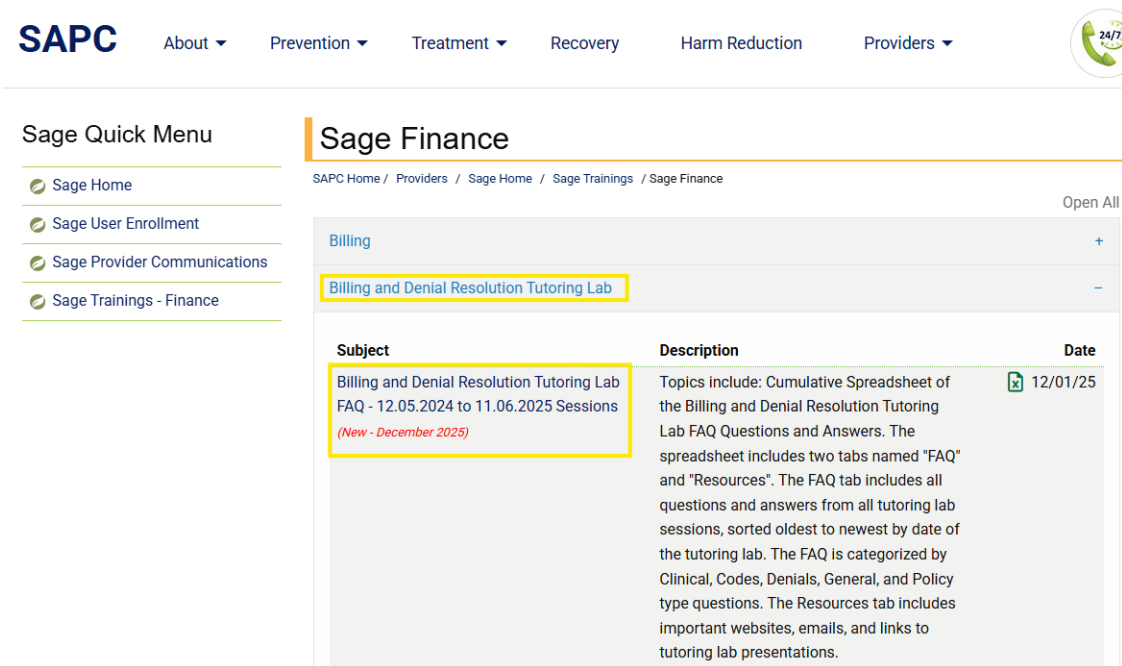


- Raise Hand Button



# FAQ REMINDER

- As a reminder, FAQ are uploaded on a monthly basis. Please check to see if your question has been asked in previous tutoring labs.
  - Link: <http://publichealth.lacounty.gov/sapc/providers/sage/finance.htm>



The screenshot shows the SAPC website's Sage Finance page. The navigation bar includes SAPC, About, Prevention, Treatment, Recovery, Harm Reduction, and Providers. A 24/7 support icon is also present. The Sage Quick Menu on the left lists Sage Home, Sage User Enrollment, Sage Provider Communications, and Sage Trainings - Finance. The Sage Finance section features a breadcrumb trail: SAPC Home / Providers / Sage Home / Sage Trainings / Sage Finance. A table lists FAQ items, with the following entry highlighted:

Subject	Description	Date
Billing and Denial Resolution Tutoring Lab FAQ - 12.05.2024 to 11.06.2025 Sessions <i>(New - December 2025)</i>	Topics include: Cumulative Spreadsheet of the Billing and Denial Resolution Tutoring Lab FAQ Questions and Answers. The spreadsheet includes two tabs named "FAQ" and "Resources". The FAQ tab includes all questions and answers from all tutoring lab sessions, sorted oldest to newest by date of the tutoring lab. The FAQ is categorized by Clinical, Codes, Denials, General, and Policy type questions. The Resources tab includes important websites, emails, and links to tutoring lab presentations.	12/01/25

# HELP DESK TICKET FORMS

- Two different forms for Help Desk tickets
- ServiceNow Create Case Form
  - Tickets go directly to Netsmart
  - Use this form to report Sage system issues
- Request Billing Assistance Form
  - Ticket goes directly to SAPC Finance
  - Use this form to report billing-related issues
  - Link: [https://netsmart.servicenow.com/plexussupport?id=sc\\_cat\\_item&sys\\_id=1ac545cf1b115e103001a9b6624bcb00&sysparm\\_category=4cb69d19c3921200b0449f2974d3ae69](https://netsmart.servicenow.com/plexussupport?id=sc_cat_item&sys_id=1ac545cf1b115e103001a9b6624bcb00&sysparm_category=4cb69d19c3921200b0449f2974d3ae69)
- **Note:** Billing-related tickets submitted through the Create Case form will take longer to resolve

# **ANNOUNCEMENTS**

# FY 24-25 BILLING DEADLINE EXTENDED

- Discovery of claim processing delays
  - Secondary Sage User Claims Processing Delays from 4/27/2026 to 4/30/2026
  - Prevented all 837 files from being loaded from provider SFTPs into Sage
  - This delay was resolved on 4/30/2026
- As a result of these delays-
  - For FY24-25 dates of services 1/1/2025 to 6/30/2025 only, the new extended billing deadline is Friday, 5/15/2026 for all agencies

# **SAPC-PCNX GUIDE TO REPORTS**

# SAPC-PCNX GUIDE TO REPORTS - APRIL 2026 UPDATE

- In April 2026, SAPC updated the Sage-PCNX Guide to Reports to reflect new and updated reports in Sage

**SAPC** | Substance Abuse  
Prevention and Control



## Sage-PCNX Guide to Reports

**Sage-PCNX Guide to Reports**  
Date: April 2026  
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# SAPC-PCNX GUIDE TO REPORTS - NEW REPORTS

- Discharge Reason Report
  - Identifies discharge reasons and dates of discharge for individual clients or provider programs
  - \*Note: All providers, primary and secondary alike, are required to complete the Discharge and Transfer form in Sage

**COUNTY OF LOS ANGELES**  
**Public Health**

**SUBSTANCE ABUSE PREVENTION AND CONTROL**  
**Discharge Reason Report**

Print Date: 4/10/2026

Parameters Selected: PATID 300968, 1/1/2024 to 4/10/2026  
Discharge Reason: ALL

Provider(s): ADDICTION RESEARCH AND TREATMENT INC., ACTION FAMILY COUNSELING - SCV INC., AEGIS TREATMENT CENTERS, LLC

Client Name	PATID	Date of Discharge	Reason for Discharge	Program	Form Status
PCNX,MELANIE	300968	11/12/2025	Left Before Goals/Plan Complete	Recovery Facility	Final
PCNX,MELANIE	300968	11/17/2025	Administrative Discharge	Recovery Facility	Final

# SAPC-PCNX GUIDE TO REPORTS - NEW REPORTS

- SAPC Financial Eligibility Change Report
  - Displays historical and recent changes made to critical Financial Eligibility (FE) fields

SAPC Financial Eligibility Change Report																		
Changes for 4/1/2026 through 4/21/2026																		
Agency	Audit Value	Date of Change	Time of Change	User ID	User Name	Client	Episode Number	Guarantor	Guarantor Plan	Plan Level Start Date	Plan Level End Date	Coverage Effective Date	Coverage Expiration Date	DOB	Gender	Address	CEN	Subs Policy Number
Recovery Inc	Review	2/1/2023	07:31:00	CARELINK USER	ProviderConnect WebSvcs (do not edit)	Test, Financial (211084)	1	(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU	(2) Medi-Cal	1/1/2000		12/1/2017		11/19/1971	Female	11027 BURBANK BLVD	99000009A	12345678910
Recovery Inc	Edit	4/21/2026	12:02:00	DGeorge2	Divya George	Test, Financial (211084)	1	(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU	(2) Medi-Cal	1/1/2000		12/1/2020		11/19/1971	Female	11027 BURBANK BLVD	99000009A	12345678910
Recovery Inc	Add	4/21/2026	12:02:00	DGeorge2	Divya George	Test, Fe (211080)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2020		7/30/1969	Female	11027 BURBANK BLVD		N/A
Recovery Inc	Add	4/21/2026	12:06:00	DGeorge2	Divya George	Test, System (248886)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2025		6/30/1969	Female	1000 S Fremont Ave		
Recovery Inc	Delete	4/21/2026	12:35:00	DGeorge2	Divya George	Test, System (248886)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2025		6/30/1969	Female	1000 S Fremont Ave		

- More details on the updates to this report will be presented later in the lab

# SAPC-PCNX GUIDE TO REPORTS - NEW REPORTS

- Diagnosis History Report
  - The Diagnosis History Report is a full listing of a client's diagnostic history including when the specific diagnosis was created and updated, if applicable
  - \*Note: A client may have multiple diagnoses on a single Diagnosis form submission (including Z-codes), as well as multiple Diagnosis form submissions

DIAGNOSIS HISTORY REPORT											
Parameters Selected: Date: Diagnosis Date, Date Range: 12/01/2017 to 04/13/2026, Patient: SAGEMD, ESTHER MIDDLE (289299), Provider: RECOVERY, INC., Diagnosing Practitioner: N/A											
Client Name (PATID)	Record ID	Type of Diagnosis	Diagnosis Date	ICD-10 Code	Diagnosis Description	Status	Bill Order	Ranking	Classification	Present on Admission	Diagnosing Practitioner
SAGEMD, ESTHER MIDDLE (289299)	350962	Admission	1/1/2023	F10.20	Alcohol use disorder, moderate	Active	1	Primary	Substance Abuse	Yes	Orellana, Esther, Ph.D.
SAGEMD, ESTHER MIDDLE (289299)	350709	Update	2/23/2026	F10.20	Alcohol use disorder, moderate	Active	1	Primary	Substance Abuse	Yes	Orellana, Esther, Ph.D.
SAGEMD, ESTHER MIDDLE (289299)	350709	Update	2/23/2026	F12.10	Cannabis use disorder, mild	Resolved	2	Secondary	Substance Abuse	Yes	Orellana, Esther, Ph.D.

*\*Note: this is a partial snip of the full report. See table below for all available fields on the report.*


# SAPC-PCNX GUIDE TO REPORTS - UPDATED REPORTS

- Authorization Request Status Report
  - This report will indicate when an authorization was initially requested, the current status of the authorization, funding source, the practitioner who originally submitted the authorization, as well as who last updated the authorization
  - The report has been updated so the Authorization Level of Care reflects either the authorization grouping or the Benefit Plan. If only the "Select Provider" is selected, then PAAuths will also be pulled into the report. If a provider is a campus provider, it is recommended the report is run with no "Select Programs(s)" selected

SUBSTANCE ABUSE PREVENTION AND CONTROL NETWORK TREATMENT PROVIDER														
Authorization Request Status Report														
Parameters Selected: Patient: SAGEMD, ESTHER MIDDLE (289299), Date Selector: Begin Date of Auth, Date Range: 07/01/2025 to 6/30/2026											Print Date: 4/13/2026			
Request Date / Time	Member ID	Program	Request Status	Last Name	First Name	Begin Date	End Date	Auth No.	Authorization Level Of Care	Funding Source	Status Updated	Request Submitted By	Care Manager	Last Submitted By
07/08/2025 01:03 PM	289299	Recovery Facility	Approved	SAGEMD	ESTHER	7/8/2025	8/6/2025	636849	ASAM 1.0	Drug Medi-Cal	7/23/2025	Esther Orellana		Greg Schwarz, PsyD
11/24/2025 11:31 AM	289299	Recovery Facility	Denied Insufficient Documentation	SAGEMD	ESTHER	11/24/2025	12/24/2025	637338	ASAM 5	Drug Medi-Cal	4/2/2026	Esther Orellana	Chantal Mendoza, RN	Esther Orellana

# SAPC-PCNX GUIDE TO REPORTS - UPDATED REPORTS


- County and Aid Code Report
  - This report can be used to verify Medi-Cal eligibility to ensure that the correct funding source is selected when billing, such as in cases when a patient lost their Medi-Cal benefits. This report can also flag if a patient has a Medi-Cal Share of Cost and whether the cost is spent down or remaining.
  - Data on the report is contingent on providers running the Sage “Real Time Inquiry (270) Request” form monthly for patients



**COUNTY OF LOS ANGELES  
Public Health**

**SUBSTANCE ABUSE PREVENTION AND CONTROL**

Provider County and Aid Code History



Print Date: 2/9/2026

Parameters Selected: PATID: , Provider: Recovery Inc, From: 9/1/2025 to 9/30/2025

Patid.Ep	Name	Admit Date	271 Posted Date	Eligibility Period	Eligibility Info	Client Index Number	Aid Code	County Code	Share of Cost	Unmet Share of Cost	Managed Care Plan
123456-1	TEST,PATIENT	05/30/2024	09/05/2025	09/01/2025 - 09/30/2025	Active Coverage	91234567F	M1	30	No	Not Applicable	PHP-L.A. CARE HLTH PLAN,LA CARE HLTH PLAN
654321-4	TEST,ZCLIENT	04/11/2025	09/09/2025	09/01/2025 - 09/30/2025	Active Coverage	9999999G	17	19	Yes	Yes	PHP-HLTH NET,HEALTH CARE L.A., IPA
991234-2	ZTEST,PATIENT	01/19/2024	09/12/2025	09/01/2025 - 09/30/2025	Inactive	91111111H	Inactive	Not Applicable	Yes	No	No MCP On File

# SAPC-PCNX GUIDE TO REPORTS - DOWNLOAD LINK

Here is a direct link to the updated April 2026 guide:

<http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/PCNX%20Guide%20to%20Reports%2012.17.2025.pdf?v26>

# **FY 25-26 END OF YEAR PREPARATION**

# EOY PREPARATION FOR FY 25-26

- The end of the 2025-2026 fiscal year is approaching on June 30, 2026.
- What can agencies do to prepare
  - I. Work on resolving and rebilling all denials (as appropriate) as soon as possible
  - II. Secondary Providers
    - I. Connect with your vendor to fix any configuration issues
    - II. The Rates Matrix for FY26-27 - it is currently under review, but hopefully will be released soon, more updates to come!
  - III. EOY Cleanup
    - I. Make sure all FY 25-26 claims are submitted ASAP
    - II. Augmentations
      - I. Double check if you need an augmentation
      - II. If you have an existing augmentation, make sure to follow up with your CPA for the latest updates
  - IV. Sage "Network Practitioner Report"
    - I. Make sure your practitioners are up to date and accurate before billing
    - II. Make sure whoever is responsible in your agency for managing practitioners is monitoring this report

**LOOKING AHEAD AT FY 26-27**

# FY 26-27 RATES MATRIX UPDATES

- Some notable highlights -
  1. Rates increases for LOCs 0.5, 1.0, 2.1, OTP, 1.0-WM, 2.0-WM, 3.7-WM, 4.0-WM, 3.1, 3.2-WM, 3.3, 3.5, and Recovery Bridge Housing
  2. Removal of Clinical Trainee modifiers
  3. Addition of new caregiver service codes
  4. H0033:U9 requires a National Drug Code (NDC) to be included on the claim
  5. Added SC modifier to H0034

# FY 26-27 RATES MATRIX UPDATES - MORE INFO

- The FY 26-27 Rates Matrix will be released soon!
- SAPC will present more FY 25-26 Rates Matrix details at the upcoming **All Treatment Provider and Sage Advisory Meeting** scheduled for **Wednesday, May 13, 2026**.
  - In-Person Registration Link: [All Treatment Provider and Sage Advisory Meeting Registration Link](#)

# **UPDATED PRIMARY PROVIDER OHC + REPLACEMENT CLAIM GUIDANCE**

# UPDATED PRIMARY PROVIDER OHC + REPLACEMENT CLAIM GUIDANCE

## SCENARIO:

You're a Primary Provider, and you've accidentally included OHC on a claim in Sage 🤔

**FAST SERVICE ENTRY SUBMISSION**

Fast Service Entry Summary  
Fast Service Detail  
Service Information  
Recovery Incentives  
OHC Information  
Adjudication  
Online Documentation

▼ Recovery Incentives

Diagnosis

Co-Pay Counts Towards Deductible \*

Yes  No

Enter Third Party Adjudication Data

# UPDATED OHC + REPLACEMENT CLAIM GUIDANCE

## PREVIOUS GUIDANCE (*NOT RECOMMENDED ANYMORE*):

Update OHC through the Replacement Claim Assignment (CMS-1500) form and submit. (Note: Sage continues to attach OHC when using this form, even if it is removed in the replacement claim)

REPLACEMENT CLAIM ASSIGNMENT (CMS-1500) Process Discard Add to Favorites

Replacement Claim Assignment  
Claim Processing (CMS 1500)

Service Detail

- Service Information
- OHC Information
- Adjudication

Online Documentation

226.85	0
<b>Expected Disbursement *</b>	<b>Third Party Amount Paid</b>
226.85	0.00
<b>Approved Units *</b>	<b>Billed Amount if OHC entered (otherwise will be blank)</b>
1	

▼ OHC Information

**Co-Pay Counts Towards Deductible \***

Yes  No

**Enter Third Party Adjudication Data**

▼ Adjudication

# UPDATED OHC + REPLACEMENT CLAIM GUIDANCE

## NEW GUIDANCE (*RECOMMENDED*):

- First, void the service(s) with the OHC using the **Void Claim Assignment** form
- Second, submit a new original claim using the **Fast Service Entry Submission** form without OHC entered on the claim

### STEP 1

#### VOID CLAIM ASSIGNMENT

Void Claim Assignment

Online Documentation

From Date Of Service \*

Client ID \*

### STEP 2

#### FAST SERVICE ENTRY SUBMISSION

Fast Service Entry Summary

Fast Service Detail

- Service Information
- Recovery Incentives
- OHC Information
- Adjudication

Online Documentation

Diagnosis

OHC Information

Co-Pay Counts Towards Deductible \*

Yes No

Enter Third Party Adjudication Data

# **SAPC FINANCIAL ELIGIBILITY CHANGE REPORT**

# SAPC FINANCIAL ELIGIBILITY CHANGE REPORT

- New report released 4/27/2026
- View historical and recent changes made to critical FE fields such as
  - Guarantor Information
  - Coverage Effective & Expiration Dates
  - Client Demographics (DOB, Gender, Address)
  - CIN and Subscriber Policy Number
- Report can be limited to a specific timeframe and/or client
- For more details about the report parameters and output data, please refer to the updated [PCNX Guide to Reports](#)

# SAPC FINANCIAL ELIGIBILITY CHANGE REPORT

- Displays changes for four distinct actions:
  - **Add** - indicates when a new FE guarantor entry is added
  - **Delete** - indicates when a particular FE entry is deleted
  - **Edit** - indicates when a specific FE field is modified (highlighted in red font)
  - **Review** - these lines appear directly above "Edit" actions to show the previous value of the field for reference

SAPC Financial Eligibility Change Report																		
Changes for 4/1/2026 through 4/21/2026																		
Agency	Audit Value	Date of Change	Time of Change	User ID	User Name	Client	Episode Number	Guarantor	Guarantor Plan	Plan Level Start Date	Plan Level End Date	Coverage Effective Date	Coverage Expiration Date	DOB	Gender	Address	CIN	Subs Policy Number
Recovery Inc	Review	2/1/2023	07:31:00	User1	Test User	Test, Financialegig (211084)	1	(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU	(2) Medi-Cal	1/1/2000		12/1/2017		11/19/1971	Female	11027 BURBANK BLVD	99000000A	12345678910
Recovery Inc	Edit	4/21/2026	12:02:00	User1	Test User	Test, Financialegig (211084)	1	(1) CALIFORNIA DEPARTMENT OF ALCOHOL AND DRU	(2) Medi-Cal	1/1/2000		12/1/2020		11/19/1971	Female	11027 BURBANK BLVD	99000000A	12345678910
Recovery Inc	Add	4/21/2026	12:02:00	User1	Test User	Test, Fe (211080)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2020		7/30/1969	Female	11027 BURBANK BLVD		N/A
Recovery Inc	Add	4/21/2026	12:06:00	User1	Test User	Test, System (248886)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2025		6/30/1969	Female	1000 S Fremont Ave		
Recovery Inc	Delete	4/21/2026	12:35:00	User1	Test User	Test, System (248886)	1	(3) LA County - Non DMC	(1) Non-DMC	1/1/2000		1/1/2025		6/30/1969	Female	1000 S Fremont Ave		

# SAPC FINANCIAL ELIGIBILITY CHANGE REPORT

- Use Cases:
  - Identify coverage gaps and FE data discrepancies
  - Pre-billing verification process
  - Eligibility denial resolution workflows
  - Internal auditing & monitoring

# **TUTORING SESSION: MEDI-MEDI**

# TUTORING SESSION: MEDI-MEDI

- General steps for Medi-Medi clients:
  1. Verify the client's coverage:
    - Run the **Real Time Inquiry (270) Request** and post the **Eligibility Response (271)**
      - The 271 displays the client's Medi-Cal coverage, and Medicare coverage (if available)
    - Use the DHCS Provider Portal Subscriber Eligibility Transactions
      - This displays the client's Medi-Cal, Medicare, and OHC coverage details and carriers
  2. Verify the level of care (LOC) that the client is entering into
  3. Review the resources below
- Resources for reference
  - Other Health Coverage Provider Billing Manual
  - Medi-Medi Billing Decision Trees (split up by Medicare Coverage Types)
  - Rates Matrix (**Tab:** Billing Rules, **Column:** Medicare COB Required)
    - Medicare COB Required = Medicare Coordination of Benefits Required

# TUTORING SESSION: MEDI-MEDI

- Medicare recognized provider types include:
  - Physician
  - Physician Assistant
  - Nurse Practitioner
  - Licensed Clinical Social Worker
  - Clinical Psychologist
  - Licensed Marriage and Family Therapists
  - Licensed Professional Clinical Counselors
  - Occupational Therapist
- **Special exceptions**
  - Even if Medicare COB is noted as required on the Rates Matrix, agencies can bill services rendered by the license types below directly to SAPC with override modifiers GC or HL:
    - LE-LPHA & LMFT who do not meet full Medicare requirements (use **HL** modifier)
    - Physician residents (use **GC** modifier)
- **Note:** Although there are other provider types in SAPC's network, the allowable service codes for those providers types typically do not require Medicare COB per the Rates Matrix.

# TUTORING SESSION: MEDI-MEDI

## Example #1: Client with DMC and Medicare Part B

- Verify Coverage by running the 270/posting the 271

REAL TIME INQUIRY (270) REQUEST

Real Time Inquiry (270) Request

Online Documentation

Client ID \*

Episode Number

Guarantor

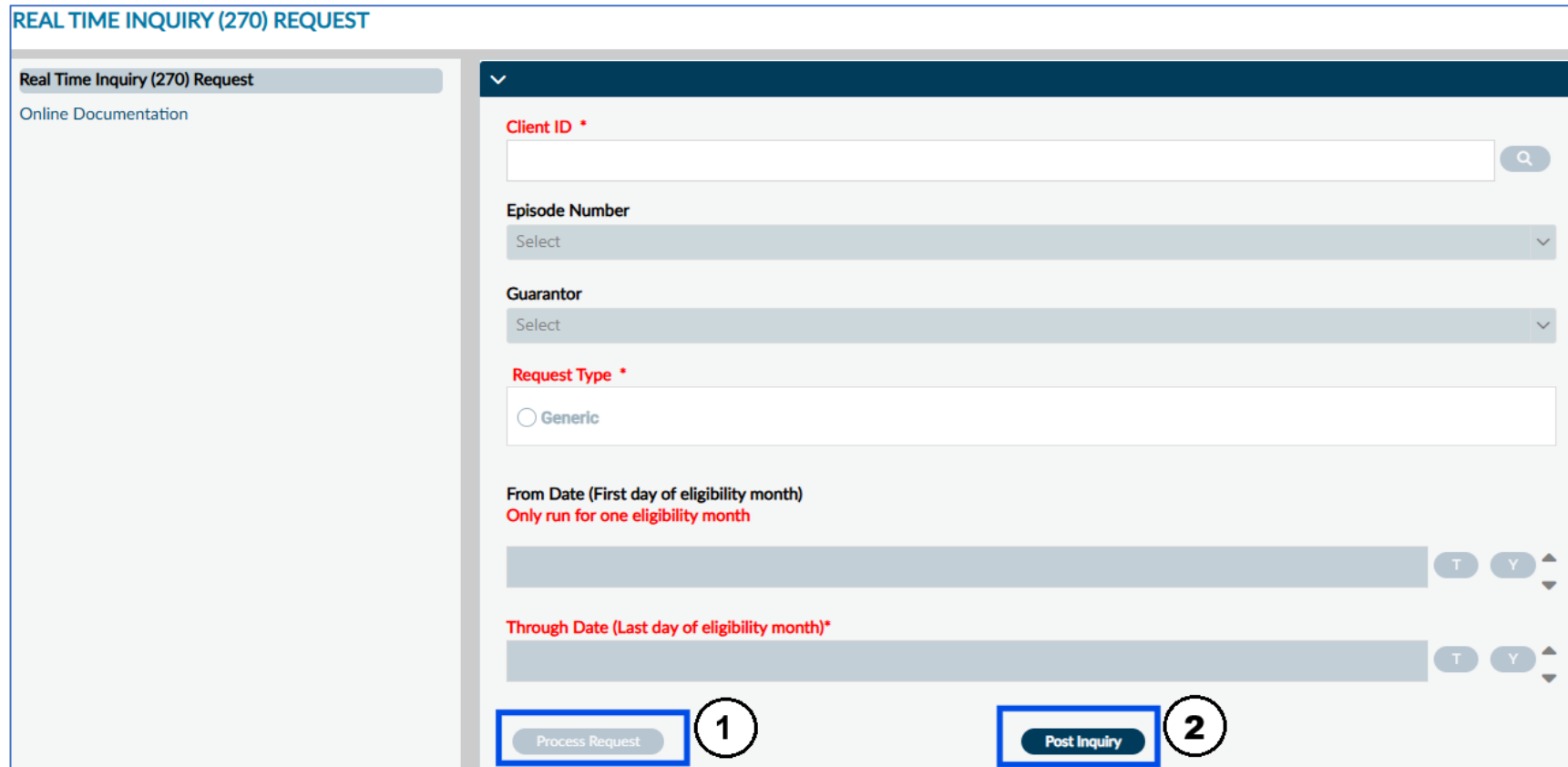
Request Type \*

From Date (First day of eligibility month)  
Only run for one eligibility month

Through Date (Last day of eligibility month)\*

Process Request 1

Post Inquiry 2



# TUTORING SESSION: MEDI-MEDI

## Example #1: Client with DMC and Medicare Part B (continued)

- Verify Coverage by running the 270/posting the 271

<b>Guarantor: DMC Medi-Cal (1)</b>	
1. Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (W) Other Source of Data
2. Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage (MC) Medicaid
3. Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (MC) Managed Care Coordinator : (1) Medical Care
4. Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (R) Other or Additional Payor : (1) Medical Care
5. Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (W) Other Source of Data
6. Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (1) Active Coverage : (30) Health Benefit Plan Coverage
7. Inquiry Type Eligibility Or Benefit Information Insurance Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (MB) Medicare Part B

# TUTORING SESSION: MEDI-MEDI

## Example #1: Client with DMC and Medicare Part B (continued)

- Determine LOC - OTP
- Service - Medication Assessment (90792)
- Medicare COB Required? - Yes

A	B	C	D	T	U	V	W	X
Code	Code Type	Service Description	Codes (e)	Is this an Add-On Code	Units of T1013 Associated with 1 Unit of Code	Units of 96170 associated with 1 Unit of Code	Units of 96171 associated with 1 Unit of Code	Medicare COB Required
90792	Assessment	Psychiatric diagnostic evaluation with medical services, 60 minutes		No	4	N/A	N/A	Yes

# TUTORING SESSION: MEDI-MEDI

## Example #1: Client with DMC and Medicare Part B (continued)

- Rendering Provider License Type - Physician resident
  - This is a provider license type that can bypass the Medicare COB requirement using the GC modifier.

**Decision:** Bill SAPC directly using the GC modifier on the procedure code.

# TUTORING SESSION: MEDI-MEDI

Example #2: Client with DMC, Medicare Part A, B, C and D

- Verify Coverage by running the 270/posting the 271

Guarantor: DMC Medi-Cal (1)	
1. Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage (MC) Medicaid
2. Inquiry Type Eligibility Or Benefit Information Benefit Amount	: Generic: Financial Eligibility : (Y) Spend Down : 1368
3. Inquiry Type Eligibility Or Benefit Information Service Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage
4. Inquiry Type Eligibility Or Benefit Information Insurance Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (MA) Medicare Part A
5. Inquiry Type Eligibility Or Benefit Information Insurance Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (MB) Medicare Part B
6. Inquiry Type Eligibility Or Benefit Information Plan Coverage Description	Generic: Financial Eligibility (R) Other or Additional Payor MEDICARE PART D
7. Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (W) Other Source of Data
8. Inquiry Type Eligibility Or Benefit Information Service Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (1) Medical Care
9. Inquiry Type Eligibility Or Benefit Information Plan Coverage Description	: Generic: Financial Eligibility : (CB) Coverage Basis : OIM R
10. Inquiry Type Eligibility Or Benefit Information Time Period Qualifier Benefit Amount	: Generic: Financial Eligibility : (Y) Spend Down : (29) Remaining : 1368

# TUTORING SESSION: MEDI-MEDI

## Example #2: Client with DMC, Medicare Part A, B, C and D (continued)

- Determine LOC – Intensive Outpatient Services (2.1)
- Service – Family Therapy (90846)
- Medicare COB Required? – Yes

A	B	C	D	T	U	V	W	X
Code	Code Type	Service Description	Codes (e)	Is this an Add-On Code	Units of T1013 Associated with 1 Unit of Code	Units of 96170 associated with 1 Unit of Code	Units of 96171 associated with 1 Unit of Code	Medicare COB Required
90846	Family Therapy	Family psychotherapy (without the patient present), 50 mins		No	4	N/A	N/A	Yes

# TUTORING SESSION: MEDI-MEDI

Example #2: Client with DMC, Medicare Part A, B, C and D (continued)

- Rendering Provider License Type – LCSW
  - This is a Medicare recognized provider license type.

**Decision:** Bill Medicare first. Include Medicare COB when billing remaining balance to SAPC.

# TUTORING SESSION: MEDI-MEDI

Example #3: Another Client with DMC,  
Medicare Part A, B, C and D

- Verify Coverage by running the 270/posting the 271

Guarantor: DMC Medi-Cal (I)	
1. Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage (MC) Medicaid
2. Inquiry Type Eligibility Or Benefit Information Benefit Amount	Generic: Financial Eligibility (Y) Spend Down 1368
3. Inquiry Type Eligibility Or Benefit Information Service Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage
4. Inquiry Type Eligibility Or Benefit Information Insurance Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (MA) Medicare Part A
5. Inquiry Type Eligibility Or Benefit Information Insurance Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (MB) Medicare Part B
6. Inquiry Type Eligibility Or Benefit Information Plan Coverage Description	Generic: Financial Eligibility (R) Other or Additional Payor MEDICARE PART D
7. Inquiry Type Eligibility Or Benefit Information	Generic: Financial Eligibility (W) Other Source of Data
8. Inquiry Type Eligibility Or Benefit Information Service Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (1) Medical Care
9. Inquiry Type Eligibility Or Benefit Information Plan Coverage Description	Generic: Financial Eligibility (CB) Coverage Basis OIM R
10. Inquiry Type Eligibility Or Benefit Information Time Period Qualifier Benefit Amount	Generic: Financial Eligibility (Y) Spend Down (29) Remaining 1368

# TUTORING SESSION: MEDI-MEDI

## Example #3: Another Client with DMC, Medicare Part A, B, C and D (continued)

- Determine LOC - Outpatient Services (1.0)
- Service - Group Counseling (H0005)
- Medicare COB Required? - Situational. Required for OTP or MAT dosing but not for other scenarios.

A Code	B Code Type	C Service Description	D Codes (e)	E Is this an Add-On Code	F Units of T1013 Associated with 1 Unit of Code	G Units of 96170 associated with 1 Unit of Code	H Units of 96171 associated with 1 Unit of Code	I Medicare COB Required
H0005	Group Counseling	Alcohol and/or drug services; group counseling by a clinician, 15 minutes		No	1	N/A	N/A	Situational. H0005 when related to NTP or MAT dosing (H0005 with UA and HG modifiers) requires Medicare COB. For all other situations, H0005 does not require Medicare COB.

Decision: Bill directly to SAPC.

# TUTORING SESSION: MEDI-MEDI

## Example #4: Client with DMC and Medicare Part D

- Verify Coverage by running the 270/posting the 271

<b>Guarantor: DMC Medi-Cal (1)</b>	
1. Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage (MC) Medicaid
2. Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (1) Active Coverage : (30) Health Benefit Plan Coverage
3. Inquiry Type Eligibility Or Benefit Information Plan Coverage Description	Generic: Financial Eligibility (R) Other or Additional Payor MEDICARE PART D

# TUTORING SESSION: MEDI-MEDI

## Example #4: Client with DMC and Medicare Part D (continued)

- Determine LOC - OTP
- MAT Medication - Buprenorphine-Naloxone Film (Suboxone) (S5001F)
  - Filter for 'S5001' in the Billing Rules tab of the Rates Matrix
- Medicare COB Required? - Yes

A	B	C	D	T	U	V	W	X
Code	Code Type	Service Description	Codes (e)	Is this an Add-On Code	Units of T1013 Associated with 1 Unit of Code	Units of 96170 associated with 1 Unit of Code	Units of 96171 associated with 1 Unit of Code	Medicare COB Required
S5001	Medication	Prescription Drug: Brand Name		No	N/A	N/A	N/A	Yes

# TUTORING SESSION: MEDI-MEDI

## Example #4: Client with DMC and Medicare Part D (continued)

- Rendering Provider License Type - Nurse Practitioner
  - This is a Medicare recognized provider license type.

**Decision:** Bill medication to Medicare. Services that use Disulfiram, Buprenorphine combination, or Naltrexone: Long-Acting Injection may be billed to SAPC if they are not covered by Medicare.

# TUTORING SESSION: MEDI-MEDI

## Example #5: Client with DMC and Medicare Part A

- Verify Coverage by running the 270/posting the 271

Guarantor: DMC Medi-Cal (1)	
1. Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (W) Other Source of Data
2. Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage (MC) Medicaid
3. Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (MC) Managed Care Coordinator : (1) Medical Care
4. Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (R) Other or Additional Payor : (1) Medical Care
5. Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (W) Other Source of Data
6. Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (1) Active Coverage : (30) Health Benefit Plan Coverage
7. Inquiry Type Eligibility Or Benefit Information Insurance Type Code	Generic: Financial Eligibility (R) Other or Additional Payor (MA) Medicare Part A

# TUTORING SESSION: MEDI-MEDI

## Example #5: Client with DMC and Medicare Part A (continued)

Decision: Bill directly to SAPC.

- LOC – Intensive Outpatient Services (2.1)
- Service – Care Coordination (90889)
- Medicare COB Required? – No

A	B	C	D	T	U	V	W	X
Code	Code Type	Service Description	Codes (e)	Is this an Add-On Code	Units of T1013 Associated with 1 Unit of Code	Units of 96170 associated with 1 Unit of Code	Units of 96171 associated with 1 Unit of Code	Medicare COB Required
90889	Care Coordination	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers, 15 mins		No	N/A	N/A	N/A	No

# **AGENCY QUESTIONS**

# QUESTION 1

- Is there a way to get more clarification or documentation on when to resubmit or replacement a denied claim?

Yes, you can reference the [SAPC Replacement Claim Assignment \(CMS-1500\) Form Guide](#), and while this guide is geared towards Primary providers, you can reference Page 3 “When to Utilize the Replacement Claim Assignment (CMS-1500) Form” for general guidance

## When to Utilize the Replacement Claim Assignment (CMS-1500) Form

Please refer to the following table to determine if the replacement claim process should be utilized in Sage.

Criteria	Should the Replacement Claim Assignment (CMS-1500) form be used?
Claims denied by the State	Yes

For secondary providers, please refer to the [837P Companion Guide](#) (Page 38) for the correct loops/segments to include in your replacement claim

```
NM1*PR*2*SAPC*****PI*SAPC001~  
N3*1000 FREMONT AVE~  
N4*ALHAMBRA*CA*918039998~  
CLM*16027*60***11:B:7*Y*A*Y*Y~  
AMT*F8*3656~  
HI*ABK:099320~  
NM1*82*1*COUNSLER*JIM****XX*1245319599~  
PRV*PR*PXC*175T00000X~
```

CLM05-3 must have a value of 7 (Replacement)  
REF02 -Payer Claim Control Number from the 835 of the claim being replaced.

# QUESTION 2

- What examples are there when we would 'Replace' the claim?

Criteria	Should the Replacement Claim Assignment (CMS1500) form be used?
Claims denied by the State	Yes
Claims denied locally	Yes
A previously submitted claim where changes or correction to changes are needed. (Procedure codes, date of service, patient information, etc.) *	Yes <i>*Note: If a claim needs to be voided but no subsequent claim will be submitted, please use the contractor void process.</i>
Approved Local/State claims but information was incorrect (information either within the claim, or outside the claim such as the Financial Eligibility)	Yes
Other Health Coverage - Local or State Denial (Please see OHC section on instructions on updating OHC data)* *	Yes, to update OHC information <i>**Note: However, If OHC needs to be removed, please use the contractor void process, and resubmit the claims using the Fast Service Entry Submission form</i>
Contingency Management denials	No

# QUESTION 3

- Our EHR system produces the same claim ID # when we resubmit or replace the claim, but I know there are times when I am told to submit our claim as a 'new claim' in which our EHR will produce this new claim with a new claim ID #. Is this the reason why we get Denial Reason "Claim submitter ID already successfully processed"? It sounds like we should never resubmit a claim with the same claim number and that most denials should be resubmitted with a new claim ID#. Is this correct?
- This denial occurs when a claim submitter ID (CLM01 segment) has already been used on a claim, so you will need to verify with your EHR vendor to ensure that unique claim submitter IDs are used for each claim. For replacement claims, you will need to use Payer Claim Control Number (REF02 segment) from the 835 of the claim being replaced, and a CLM05 segment value of 7 to indicate a replacement claim

```
NM1*PR*2*SAPC*****PI*SAPC001~  
N3*1000 FREMONT AVE~  
N4*ALHAMBRA*CA*918039998~  
CLM*16027*60***11:B:7*Y*A*Y*Y~  
AMT*F8*3656~  
HI*ABK:099320~  
NM1*82*1*COUNSLER*JIM****XX*1245319599~  
PRV*PR*PXC*175T000000X~
```

CLM05-3 must have a value of 7 (Replacement)  
REF02 -Payer Claim Control Number from the 835 of the  
claim being replaced.

# **SUBMIT YOUR QUESTIONS!**

If you would like to submit your own questions to be answered in the next tutoring lab, send an email to [SAPC-Finance@ph.lacounty.gov](mailto:SAPC-Finance@ph.lacounty.gov)

# **HELPFUL CONTACTS**

# HELPFUL CONTACTS

Unit/Branch Contact	Email <i>Do not send Protected Health Information (PHI) to any SAPC email</i>	Description of when to contact
Sage Helpdesk	<b>Phone Number:</b> (855) 346-2392 <b>ServiceNow Portal:</b> <a href="https://Netsmart.service-now.com/plexussupport">https://Netsmart.service-now.com/plexussupport</a>	Sage related questions, including system errors, medical record modifications
Sage Management Division (SMD)	<a href="mailto:SAGE@ph.lacounty.gov">SAGE@ph.lacounty.gov</a>	Sage process, workflow, general questions about Sage forms and usage
QI and UM	<a href="mailto:SAPC.QI.UM@ph.lacounty.gov">SAPC.QI.UM@ph.lacounty.gov</a>	All authorization related questions, questions for the office of the Medical Director, medical necessity, secondary EHR form approval
Systems of Care (SOC)	<a href="mailto:SAPC-SOC@ph.lacounty.gov">SAPC-SOC@ph.lacounty.gov</a>	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Health Outcomes and Data Analytics (HODA)	<a href="mailto:hoda_caloms@ph.lacounty.gov">hoda_caloms@ph.lacounty.gov</a>	All questions regarding Sage CalOMS: CalOMS submissions guidelines, issues related to CalOMS forms and submissions in Sage, Data Quality Report, and requests for trainings
Contracts	<a href="mailto:SAPCMonitoring@ph.lacounty.gov">SAPCMonitoring@ph.lacounty.gov</a>	Questions about general contracts, amendments, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA
Strategic and Network Development	<a href="mailto:SUDTransformation@ph.lacounty.gov">SUDTransformation@ph.lacounty.gov</a>	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	<a href="mailto:Dsapc.cst@ph.lacounty.gov">Dsapc.cst@ph.lacounty.gov</a>	Clinical training questions, documentation guidelines, requests for clinical trainings
Finance	<a href="mailto:Sapc-Finance@ph.lacounty.gov">Sapc-Finance@ph.lacounty.gov</a>	General questions related to billing. For specific questions related to billing denials, payments, and technical assistance, please open a ticket with the <a href="#">Request Billing Assistance</a> form
Eligibility	<a href="mailto:DPH-SAPC-EST@ph.lacounty.gov">DPH-SAPC-EST@ph.lacounty.gov</a>	For any eligibility related questions such as for assistance identifying County of residence, help with the intercounty transfer (ICT) process, applying for Medi-Cal benefits



**OPEN Q&A**